

# YOUTH MEMBERSHIP FORM

<b>FERGUSON CRESTMONT UNIT</b>	<b>6/1/2019-5/31/2020</b>	<b>Visiting Member</b>	<b>YES</b>	<b>NO</b>
<i>TO BE COMPLETED BY BGC STAFF</i>	<i>Date paid</i>	<i>Pymt typ</i>	<i>Date entered</i>	<i>Staff initials</i>
<b>MEMBER INFORMATION: Please print clearly in the boxes provided below.</b>				
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>Home Address</b>		<b>City</b>	<b>State</b>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<b>Zipcode</b>	<b>Township</b>	<b>Phone Number</b>	<b>E-mail (of youth if applicable)</b>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<b>Gender</b>	<b>Birth Date</b>		<b>Age</b>	
Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
<b>Grade</b>	<b>School</b>		<b>Member Primary Language</b>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
<b>Race (please circle)</b>				
Asian <input type="checkbox"/>	Black or African-American <input type="checkbox"/>	Caucasian or White <input type="checkbox"/>	Hispanic or Latino <input type="checkbox"/>	Multi-Racial <input type="checkbox"/>
Arabic <input type="checkbox"/>	Native American <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>	Other : <input style="width: 100%;" type="text"/>	
<b>HOUSEHOLD SETTING</b>				
The following information is confidential; collection of this information is required for the club to obtain funding as a non-profit agency				
<b>FAMILY SETTING at this household; MEMBER lives with (place "X" or "v" in the box):</b>			<b>In this household there are (#=number):</b>	
<b>Single Parent</b>		<b>Two Parents</b>	<b># of kids</b>	<b># of adults</b>
Mother <input type="checkbox"/> Father <input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Relatives</b>	<b>Grandparent/s</b>	<b>Foster Family</b>	<b>Other, list</b>	<b>The HEAD OF HOUSEHOLD is</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Annual Household Income (please circle one)</b>				
\$1-14,999	\$15,000-19,999	\$20,000-25,999	\$26,000-29,999	\$30,000-34,999
\$40,000-44,999	\$45,000-49,999	\$50,000-54,999	\$55,000-59,999	\$60,000-69,999
				\$70,000+
<b>Please select from the following options below for your member/family: You must select (X or v) at least ONE option</b>				
<b>No Aid Received</b>	<b>Free/Reduced School Lunch</b>	<b>SNAP/Food Stamps</b>	<b>TANF</b>	<b>SSI</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Military Family</b>	<b>Section 8 Housing</b>	<b>Vets Comp</b>	<b>Bridges</b>	<b>Daycare Voucher</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Medical Information</b>				
<b>Physician Office/Name</b>			<b>Physician Phone Number</b>	
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	
<b>Medications</b>		<b>Allergies</b>		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
<b>Disabilities*</b>		<b>Behavior Issues*</b>		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
<b>*Member has an Individualized Education Plan (IEP) with the school *</b>				
Special Education <input type="checkbox"/>	Gifted & Talented <input type="checkbox"/>	504 Plan <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Other, list <input style="width: 100%;" type="text"/>				
<i>*Please communicate with Club staff to create a Child Success Plan for your member</i>				
<i>*Use the space below to share more information that may be useful to successfully serve your member.</i>				
<b>Does your member have a Club BIG? Yes No Club BIG name: <input style="width: 100%;" type="text"/></b>				
<b>Member Authorization Code (4 digit confidential code) <input style="width: 100%;" type="text"/></b>				

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Primary Custodial Parent/Guardian Contact Information (Authorized Pick-Up)				
First Name	Last Name	Relationship to member		
Primary Phone Number	Secondary Phone Number	E-mail Address		
Home Address	City	State	Zipcode	
Are you currently employed?	No _____	Yes _____	Full-time _____	Part-Time _____
Name of Employer	Work Phone Number			
Secondary Custodial Parent/Guardian Contact Information (Authorized Pick-Up)				
First Name	Last Name	Relationship to member		
Primary Phone Number	Secondary Phone Number	E-mail Address		
Home Address	City	State	Zipcode	
Are you currently employed?	No _____	Yes _____	Full-time _____	Part-Time _____
Name of Employer	Work Phone Number			
Additional Adults Authorized to Pick-Up Member (must have a valid ID)				
First and Last Name		Phone Number	Relationship to Member	
Individuals NOT allowed to pick up (copy of court order required for birth parents)				
<b>***ID REQUIRED UPON PICK-UP*** ALL CHANGES MUST BE MADE IN PERSON</b>				
Self Sign-Out Permission <b>**For children to sign-out and leave the Club without an authorized adult**</b>				
Note: If a member is granted permission to sign themselves out, the Club is not legally responsible for the safety and wellbeing of the member after they have signed themselves out. The Club will NOT accept phone calls to direct members to sign-out.				
_____	Member does NOT have permission to sign out from the BG Club			
_____	Member HAS PERMISSION to sign out and leave the BG Club without an authorized adult present.			
_____	If applicable, member has <b>completed</b> the required RETURN ROUTE document on file.			
Waiver of Liability/Agreements				
<p>I have completed the application and the application is accurate. I reviewed the parent/member handbook and I acknowledge and agree to the rules and policies of the Boys &amp; Girls Clubs of Bloomington including the discipline policy and request that my child be admitted into membership. My Child and I accept full responsibilities for his/her actions and behaviors at the Boys &amp; Girls Club. I give the Boys &amp; Girls Club permission to use my child's picture in newspaper articles, newsletters, and other publicity materials. I give my child permission to participate in pre and post tests or other measurement tools used to determine program recommendations, outcome measurements and program effectiveness. I give the Boys and Girls Club permission to copy my child's report card. The Boys &amp; Girls Clubs of Bloomington agrees that in the performance of its services, it will not, on the grounds of race, color, sex, age, sexual preference, gender identity, disability or national origin, exclude any person from participation in, deny any person the benefits of, or otherwise subject any person to discrimination under any activity. I understand that the Club is not responsible for any lost or stolen items.</p> <p>I hereby release the Boys &amp; Girls Clubs of Bloomington, their Board of Directors, agents, employees, volunteers, and insurers from any present or future personal injury or damage to property caused by having any relation to this activity. I understand that this release binds my heirs, executors, and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys &amp; Girls Club to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above.</p> <p>If my child uses the Boys &amp; Girls Club Camp Rock Facility, I hereby release the City of Bloomington Department of Utilities and Lake Lemon Conservancy, their officers, agents, employees and insurers from any present or future injury or damage to property caused by having any relation to this activity. I understand that this release binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.</p> <p>I understand that in order to receive my member, I, or others on my pick up list, will be asked to provide a picture I.D. I am responsible for ensuring adults that pick up my child understand this policy. I understand any changes to my child's pick up list must be done in person, not over the phone. <b>Membership fees are nonrefundable.</b></p>				
Primary Parent/Guardian Signature, agreeing to the above				Date
_____				_____
Initial here is you have ANY EXCEPTIONS to the above conditions, see staff.				